



TRANSMITTAL FORM

Application Serial Number	09/821,509
Filing Date	March 29, 2001
First Named Inventor	James J. Lu
Group Art Unit	2642
Examiner Name	Benny Quoc Tieu
Attorney Docket No.	SNS-010
Patent No.	Not applicable
Issue Date	Not applicable

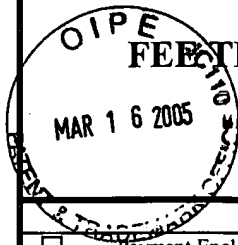
ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> including Annotated and Replacement Sheets [Total Sheets 2] <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citation Labeled C13 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below) <input type="checkbox"/>
--	--	---

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8
I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 14th day of March, 2005.

Jamie Crystal-Lowry
Jamie Crystal-Lowry

CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place 14 th Floor Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899	Respectfully submitted, <i>David G. Miranda</i> David G. Miranda Attorney for the Applicant(s) Proskauer Rose LLP One International Place Boston, MA 02110-2600 Date: March 14, 2005 Reg. No.: 42,898 Tel. No.: (617) 526-9620 Fax No.: (617) 526-9899

<div style="float: left; text-align: center;">  </div> <div style="float: right; text-align: center;"> FEE TRANSMITTAL FY 2005 </div>					Complete if Known																																			
					Application Serial Number	09/821,509																																		
					Filing Date	March 29, 2001																																		
					First Named Inventor	James J. Lu																																		
					Group Art Unit	2642																																		
					Examiner Name	Benny Quoc Tieu																																		
					Attorney Docket No.	SNS-010																																		
METHOD OF PAYMENT					FEE CALCULATION (continued)																																			
<input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other					4. ADDITIONAL FEES																																			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081 <input checked="" type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.					Large Entity	Small Entity	Fee (\$)	Fee (\$)	Fee Description	Fee Paid																														
<input type="checkbox"/> Applicant claims small entity status.					130	65	130	130	Surcharge - late filing fee or oath																															
1. BASIC FILING, SEARCH, AND EXAMINATION FEES					50	25	2,520	2,520	Surcharge - late provisional filing fee or cover sheet																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Application Type</th> <th style="width: 15%;">Filing</th> <th style="width: 15%;">Search</th> <th style="width: 15%;">Examination</th> <th style="width: 15%;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>Utility</td> <td style="text-align: center;">300</td> <td style="text-align: center;">500</td> <td style="text-align: center;">200</td> <td></td> </tr> <tr> <td>Design</td> <td style="text-align: center;">200</td> <td style="text-align: center;">100</td> <td style="text-align: center;">130</td> <td></td> </tr> <tr> <td>Plant</td> <td style="text-align: center;">200</td> <td style="text-align: center;">300</td> <td style="text-align: center;">160</td> <td></td> </tr> <tr> <td>Reissue</td> <td style="text-align: center;">300</td> <td style="text-align: center;">500</td> <td style="text-align: center;">600</td> <td></td> </tr> <tr> <td>Provisional</td> <td style="text-align: center;">200</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td></td> </tr> </tbody> </table>					Application Type	Filing	Search	Examination	Fee Paid	Utility	300	500	200		Design	200	100	130		Plant	200	300	160		Reissue	300	500	600		Provisional	200	0	0		120	60	450	225	Non-English specification	
Application Type	Filing	Search	Examination	Fee Paid																																				
Utility	300	500	200																																					
Design	200	100	130																																					
Plant	200	300	160																																					
Reissue	300	500	600																																					
Provisional	200	0	0																																					
FEE CALCULATION					1,020	510	1,020	1,020	Request for ex parte re-examination																															
2. EXCESS CLAIM FEES					120	60	500	250	Extension for reply within 1 st mo.	120																														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Claim Description</th> <th style="width: 10%;">Fee</th> <th style="width: 10%;">Small Entity Fee (\$)</th> <th style="width: 10%;">Fee Paid (\$)</th> </tr> </thead> <tbody> <tr> <td>Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.</td> <td style="text-align: center;">50</td> <td style="text-align: center;">25</td> <td></td> </tr> <tr> <td>Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.</td> <td style="text-align: center;">200</td> <td style="text-align: center;">100</td> <td></td> </tr> <tr> <td>Total Claims</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Claim Description	Fee	Small Entity Fee (\$)	Fee Paid (\$)	Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.	50	25		Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	200	100		Total Claims				1,590	795	2,160	1,080	Extension for reply within 2 nd mo.															
Claim Description	Fee	Small Entity Fee (\$)	Fee Paid (\$)																																					
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.	50	25																																						
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	200	100																																						
Total Claims																																								
3. APPLICATION SIZE FEE					500	250	500	250	Extension for reply within 3 rd mo.																															
If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					500	250	1,000	500	Notice of Appeal																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Total Sheets</th> <th style="width: 15%;">Extra Sheets</th> <th style="width: 15%;">Additional 50 or fraction thereof</th> <th style="width: 15%;">Fee (\$)</th> <th style="width: 15%;">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>-100 =</td> <td>/50 =</td> <td>round up to a whole number</td> <td>x</td> <td>=</td> </tr> </tbody> </table>					Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid	-100 =	/50 =	round up to a whole number	x	=	400	0	180	180	Filing a brief in support of an appeal																					
Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid																																				
-100 =	/50 =	round up to a whole number	x	=																																				
4. TOTAL:					790	395	790	395	Request for oral hearing																															
Other fee (Specify) _____					180	180	790	395	Petitions to the Director																															
Other fee (Specify) _____					180	180	100	100	Submission of IDS																															
2. TOTAL:					110	55	100	100	Filing a submission after final rejection (37 CFR 1.129(a))																															
3. TOTAL:					110	55	110	55	For each additional invention to be examined (37 CFR 1.129(b))																															
4. TOTAL:					110	55	110	55	Certificate of Correction for applicant's error																															
5. TOTAL:					110	55	110	55	Submission of Terminal Disclaimer																															
6. TOTAL:					110	55	110	55	Other fee (Specify)																															
7. TOTAL:					110	55	110	55	Other fee (Specify)																															
8. TOTAL:					110	55	110	55	Other fee (Specify)																															
9. TOTAL:					110	55	110	55	Other fee (Specify)																															
10. TOTAL:					110	55	110	55	Other fee (Specify)																															
11. TOTAL:					110	55	110	55	Other fee (Specify)																															
12. TOTAL:					110	55	110	55	Other fee (Specify)																															
13. TOTAL:					110	55	110	55	Other fee (Specify)																															
14. TOTAL:					110	55	110	55	Other fee (Specify)																															
15. TOTAL:					110	55	110	55	Other fee (Specify)																															
16. TOTAL:					110	55	110	55	Other fee (Specify)																															
17. TOTAL:					110	55	110	55	Other fee (Specify)																															
18. TOTAL:					110	55	110	55	Other fee (Specify)																															
19. TOTAL:					110	55	110	55	Other fee (Specify)																															
20. TOTAL:					110	55	110	55	Other fee (Specify)																															
21. TOTAL:					110	55	110	55	Other fee (Specify)																															
22. TOTAL:					110	55	110	55	Other fee (Specify)																															
23. TOTAL:					110	55	110	55	Other fee (Specify)																															
24. TOTAL:					110	55	110	55	Other fee (Specify)																															
25. TOTAL:					110	55	110	55	Other fee (Specify)																															
26. TOTAL:					110	55	110	55	Other fee (Specify)																															
27. TOTAL:					110	55	110	55	Other fee (Specify)																															
28. TOTAL:					110	55	110	55	Other fee (Specify)																															
29. TOTAL:					110	55	110	55	Other fee (Specify)																															
30. TOTAL:					110	55	110	55	Other fee (Specify)																															
31. TOTAL:					110	55	110	55	Other fee (Specify)																															
32. TOTAL:					110	55	110	55	Other fee (Specify)																															
33. TOTAL:					110	55	110	55	Other fee (Specify)																															
34. TOTAL:					110	55	110	55	Other fee (Specify)																															
35. TOTAL:					110	55	110	55	Other fee (Specify)																															
36. TOTAL:					110	55	110	55	Other fee (Specify)																															
37. TOTAL:					110	55	110	55	Other fee (Specify)																															
38. TOTAL:					110	55	110	55	Other fee (Specify)																															
39. TOTAL:					110	55	110	55	Other fee (Specify)																															
40. TOTAL:					110	55	110	55	Other fee (Specify)																															
41. TOTAL:					110	55	110	55	Other fee (Specify)																															
42. TOTAL:					110	55	110	55	Other fee (Specify)																															
43. TOTAL:					110	55	110	55	Other fee (Specify)																															
44. TOTAL:					110	55	110	55	Other fee (Specify)																															
45. TOTAL:					110	55	110	55	Other fee (Specify)																															
46. TOTAL:					110	55	110	55	Other fee (Specify)																															
47. TOTAL:					110	55	110	55	Other fee (Specify)																															
48. TOTAL:					110	55	110	55	Other fee (Specify)																															
49. TOTAL:					110	55	110	55	Other fee (Specify)																															
50. TOTAL:					110	55	110	55	Other fee (Specify)																															
51. TOTAL:					110	55	110	55	Other fee (Specify)																															
52. TOTAL:					110	55	110	55	Other fee (Specify)																															
53. TOTAL:					110	55	110	55	Other fee (Specify)																															
54. TOTAL:					110	55	110	55	Other fee (Specify)																															
55. TOTAL:					110	55	110	55	Other fee (Specify)																															
56. TOTAL:					110	55	110	55	Other fee (Specify)																															